

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15724**
3487

FILED APR 18 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				d. STREET ADDRESS (If rural, give location) 2922 Harper St. 10			
3. NAME OF DECEASED a. (First) IRVING b. (Middle) _____ c. (Last) GOLDMAN				4. DATE OF DEATH (Month) (Day) (Year) March-31-1953			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Sept-1-1933	
9. AGE (In years last birthday) 19		10. MONTH (Day) (Year) 6 30		11. BIRTHPLACE (City and State or Foreign Country) Hartford Conn		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist				10b. KIND OF BUSINESS OR INDUSTRY _____			
13a. FATHER'S NAME Murray Goldman				13b. MOTHER'S MAIDEN NAME Gertrude Cohen		14. NAME OF HUSBAND OR WIFE N 1 1	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Murray Goldman ADDRESS New York City, N.Y.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Culmonary Edema Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Enlarged Heart DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____							
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4343			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Patrick E. Taylor (Degree or title) Covered				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 4/1/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE April-1-53		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) New York City, N.Y.	
DATE REC'D BY LOCAL REG. APR 1 1953		REGISTRAR'S SIGNATURE Herman Rindskopf		25. FUNERAL DIRECTOR'S SIGNATURE HERMAN RINDSKOPF INC. ADDRESS 5216 Delmar			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Peter B. Dubocoville

Licensed Embalmer No.

3691

P. O. Address

Residence 1000 1/2 St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.